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Dated: 10 January 2005

Respectfully submitted,

KINETIC CONCEPTS, INC.

By Robert W. Mason
Robert W. Mason
Attorney for Applicant
Registration No. 42,848

KINETIC CONCEPTS, INC.
P.O. Box 659508
San Antonio, TX 78265-9508

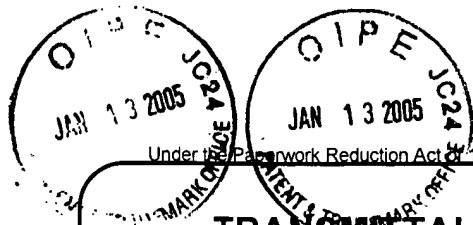
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By: Robert W. Mason
Typed Name: Robert W. Mason
Registration No.: 42,848

Date of Deposit: 10 January 2005



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/544,399
Filing Date	April 6, 2000
First Named Inventor	JOHNSON, Royce
Art Unit	3761
Examiner Name	BOGART, Michael G.
Attorney Docket Number	VAC.561.US

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input checked="" type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Response to Request for Formal Drawings; Acknowledgement Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

Formal drawings - one sheet, figures 1 and 2

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Kinetic Concepts, Inc.		
Signature			
Printed name	Robert W. Mason		
Date	10 January 2005	Reg. No.	42,848

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

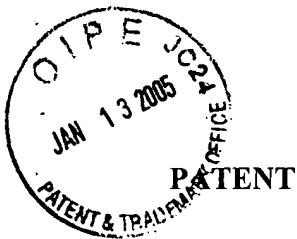
Signature

Typed or printed name Robert W. Mason

Date 10 January 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: JOHNSON, Royce

Serial No.: 09/544,399

Filed: April 6, 2000

Title: VACUUM ASSISTED CLOSURE PAD
WITH ADAPTATION FOR
PHOTOTHERAPY

A Art Unit: 3761

Examiner: BOGART, Michael G.

Attorney Docket No.: VAC.561.US

RESPONSE TO REQUEST FOR FORMAL DRAWINGS

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Attn: Official Draftperson

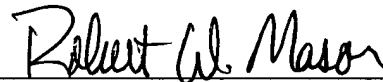
Dear Sir:

In response to the Notice of Allowability dated December 3, 2004 for the above referenced application, in which New Formal Drawings were required, according to the Notice of Draftsperson's Patent Drawing Review dated December 17, 2003, applicant hereby submits one (1) sheet (Figures 1 & 2) of Corrected Formal Drawings in compliance with the Draftsperson's requirements.

Accordingly, the Applicant respectfully requests that the above referenced application proceed to issue and publication.

The Draftsperson or Examiner is requested to contact the undersigned for any reason that would advance the application to issue and publication.

Respectfully submitted,

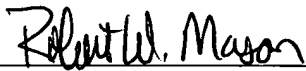


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Dated: 10 January 2005

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